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December 31, 2015

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To: Supervisor Hilda L. Solis, Chair
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From: Sachi A. Hamai
Chief Executive Officer

MOTION TO SUPPORT THE ENACTMENT OF BIPARTISAN LEGISLATION THAT WOULD STRENGTHEN AND ENHANCE MENTAL HEALTH SERVICES IN THE COUNTY (ITEM NO. 10, AGENDA OF JANUARY 5, 2016)

Item No. 10 on the January 5, 2016 Agenda is a motion by Supervisors Antonovich and Kuehl to support the enactment of bipartisan legislation that would strengthen and enhance mental health services in the County by:

1. Increasing Medicaid financing of behavioral health services to adults who are in institutions, such as by eliminating the current Medicaid institutions for mental disease exclusion for adults age 18 to 64;
2. Increasing Medicaid and Medicare financing to improve health information technology and data collection for behavioral health providers, such as by extending funding for the development of electronic health records to community mental health centers, psychologists, and other behavioral health providers;
3. Authorizing Medicaid payments for primary care and mental health services that are provided on the same day at a community mental health center or federally qualified health center;
4. Supporting the reauthorization of Substance Abuse and Mental Health Services Administration programs, including the Mental Health Block Grant, which would increase funding for California and the County;

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5. Increasing funding for community-based mental health services, such as assisted outpatient treatment, for individuals with serious mental illness as an alternative to institutionalization;
6. Increasing funding for services and training to address the mental health needs of individuals who are in the criminal justice system;
7. Increasing funding for services and training to improve mental health prevention, early intervention, and services in schools;
8. Increasing funding for services and training to reduce mental health disparities among racial, ethnic, and other minorities; and
9. Increasing parity between the mental health and physical health services.

Background

Mental illness is a serious problem in the United States. An estimated 43.8 million adults suffered from mental illness in 2013 according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Suicide is the tenth leading cause of death (more common than homicide) in the U.S. More than 90 percent of those who die by suicide have a history of mental illness. It also has been estimated that serious mental illness results in \$193.2 billion in lost earnings each year.

There has been widespread recognition that the Federal government's response to mental health has been ineffective and needs to be significantly improved. However, comprehensive mental health legislation has not been enacted in many years. In fact, community-based mental health and substance abuse services programs, administered by SAMHSA, have not been reauthorized since 2000. In the previous 113th Congress, no action was taken on two major mental health reform bills – the Helping Families in Mental Health Crisis Act [H.R. 3717 (Murphy, R-PA)] and the Strengthening Mental Health in Our Communities Act [H.R. 4574, Barber (D-AZ)].

In the current 114th Congress, two comprehensive mental health bills have been introduced to date, including, a new version of the Helping Families in Mental Health Crisis Act [H.R. 2646 (Murphy, R-PA)], which was amended and approved, 18 to 12 on a party line vote, by the House Energy and Commerce Subcommittee on Health on November 4, 2015. House Democrats on the Subcommittee are expected to introduce their alternative mental health bill early in 2016. In the Senate, the Mental Health Reform Act of 2015 [S. 1945 (Cassidy, R-LA)], which has eight Democratic co-sponsors, was introduced on August 5, 2015. The Senate Health, Education, Labor and Pensions (HELP) Committee, which has jurisdiction over S. 1945, has not taken

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any action on the bill, but is expected to hold a hearing on mental health issues in late January or February 2016. It is unlikely that H.R. 3717 or S. 1945 will be enacted, but major mental health legislation could be enacted in 2016 if both parties work together in crafting a bipartisan bill.

Conclusion

The Department of Mental Health (DMH) is the nation's largest county mental health department. **This office and DMH recommend approval of the motion, consistent with existing Board-approved policies in the County's Federal Legislative Agenda, including policies to support the following: reform of Medicaid financing and provider payments to increase Medicaid payments; Medicaid reimbursement for patients at institutions for mental diseases; proposals and funding to improve health and human services information technology, reauthorization of SAMHSA programs which would increase funding for California and the County; increased funding for mental health services, including mental health education activities; proposals and funding to improve access to mental health services to populations with special needs and decrease mental health disparities among ethnic and cultural groups; and proposals which would expand or improve mental health coverage under public and private health insurance.**

The motion's recommended positions on Federal mental health legislation also are consistent DMH's and this office's priorities for such legislation, and, if enacted, would provide the County with additional funding and tools which would strengthen and enhance mental health services in the County.

We will continue to keep you advised.

SAH:JJ:MR
MT:lm

c: Executive Office, Board of Supervisors
County Counsel